

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/188251

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2	1					
3	2					
4	2					
5	①					
6	2					
7	2					
8	2					
9	1					
10	1					
11	1					
12	1					
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TOTAL IND.	17					
TOTAL DEP.	22					
TOTAL CLAIMS	39					

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